

EXHIBIT 25

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11101532 |
| Status | Complete |
| Login Username | aureliavaughan@yahoo.com |
| 1a. How did you become Dr. Akoda's patient? | Found name on list of doctors |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | I don't remember |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | <ul style="list-style-type: none"> • Routine annual gynecological checkups • Visits for other medical care |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • He made sexual comments • Other • But I figured because he posed as a GYN doctor, it was normal. |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Always |
| 3d. Did she stay throughout the examination? | Always |
| 3e. Was she standing in a place where she could see the pelvic examination? | Always |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |

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|---|---|
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | No |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, less painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| No. (below, please indicate why you didn't tell anyone. Check all that apply) | I didn't know what to do |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I heard about it on the radio |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Betrayed |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, both before and after I learned of the charges against him. |

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| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, only in the past month |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |

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| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | I have not experienced any of these symptoms |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has changed how often I visit an ob/gyn |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | It has not affected other parts of my life. |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 04 |
| YY | 19 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |

9e. When you were treated by Dr. Akoda, what type of health insurance did you have?

Private insurance

Statement:

I still can not believe until this day that he was even hired as a OBGYN doctor, for such confidential matters such as a women's private area...how could a person be hired to handle these kinds of matters, and not be affected later on down the line. I am emotionally distraught and feel very violated by the trust of Prince Georges Community Hospital Affiliates.

Last Update

2019-09-11 11:59:05

Start Time

2019-09-11 11:30:55

Finish Time

2019-09-11 11:59:05

IP

50.234.115.104

Browser

Chrome

OS

Windows

Referrer

https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html

Akoda Questionnaire

| | |
|---|---|
| Reference # | 11101674 |
| Status | Complete |
| Login Username | ksimms18@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2013 |
| 1d. About how many times did you see him? | One time |
| 1e. What types of visits did you have with him? (Check all that apply) | <ul style="list-style-type: none"> • Routine annual gynecological checkups • Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | It was just something about him |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Negative (e.g., he was more rough, longer exams, sexual talk and/or touch) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Negative (Dr. Akoda more rough, insensitive, longer exams, sexual talk and/or touch) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Never |
| 3d. Did she stay throughout the examination? | Never |
| 3e. Was she standing in a place where she could see the pelvic examination? | Never |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |

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| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | Yes |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, more painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | Yes |
| Yes (please indicate who you told. Check all that apply) | I told a family member |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | Betrayed |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |

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|--|---|
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, both in the past month and prior to the past month |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |

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| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | Weight gain or weight loss |
| 6u. How severe were your physical symptoms? | mild |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 6x. Please describe any psychiatric or medical diagnoses you have received that you believe are related to your experience with Dr. Akoda. | Anxiety (Anxiety Disorder) |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has changed how often I visit an ob/gyn |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | It has not affected other parts of my life. |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 07 |
| YY | 80 |

| | |
|---|---|
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Private insurance |
| Last Update | 2019-09-11 12:22:42 |
| Start Time | 2019-09-11 12:10:09 |
| Finish Time | 2019-09-11 12:22:42 |
| IP | 174.204.0.188 |
| Browser | Safari |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11104971 |
| Status | Complete |
| Login Username | oates.destiny@yahoo.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2013 |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | No |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | It was just something about him |
| 2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | It was just something about him |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Negative (e.g., he was more rough, longer exams, sexual talk and/or touch) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Sometimes |
| 3d. Did she stay throughout the examination? | Sometimes |
| 3e. Was she standing in a place where she could see the pelvic examination? | Sometimes |

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|---|---|
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Sometimes |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, more painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | No |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | Yes |
| Yes (please indicate who you told. Check all that apply) | I told a family member |
| No. (below, please indicate why you didn't tell anyone. Check all that apply) | Other |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Betrayed |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |

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| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | No |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |

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| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | I have not experienced any of these symptoms |
| 6u. How severe were your physical symptoms? | mild |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda? | Non-psychiatric medication |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has affected the types of medical specialists I will go to see |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | I am concerned about my daughter going to an ob/gyn |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | Decline to answer |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |

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|---|---|
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 11 |
| YY | 93 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |
| Last Update | 2019-09-12 12:22:32 |
| Start Time | 2019-09-12 12:08:57 |
| Finish Time | 2019-09-12 12:22:32 |
| IP | 172.58.190.227 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11105168 |
| Status | Complete |
| Login Username | shayof3@comcast.net |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2012 |
| 1d. About how many times did you see him? | More than 5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • Other • Noth really nothing that I can pen point. |
| 2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • Other • N/A |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Never |
| 3d. Did she stay throughout the examination? | Never |
| 3e. Was she standing in a place where she could see the pelvic examination? | Never |

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| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | I don't know or remember |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | No |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | No |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| No. (below, please indicate why you didn't tell anyone. Check all that apply) | Other |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I heard about it on the radio |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |

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| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | No |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | No |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | No |
| 6h. Is it hard for you to recall some aspects of what transpired? | Yes |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |

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|--|--|
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6u. How severe were your physical symptoms? | mild |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda? | Non-psychiatric medication |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | No |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • Other: • Never went back to that office |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | It has not affected other parts of my life. |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 08 |
| YY | 78 |
| 9b. Your marital status | married or in long-term relationship |

| | |
|---|---|
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |
| Last Update | 2019-09-12 13:20:38 |
| Start Time | 2019-09-12 13:04:40 |
| Finish Time | 2019-09-12 13:20:38 |
| IP | 107.77.203.48 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11107546 |
| Status | Complete |
| Login Username | takia334@yahoo.com |
| 1a. How did you become Dr. Akoda's patient? | <ul style="list-style-type: none"> • Other: • Went into labor and Dr. Akoda was the on call Dr doing deliveries. |
| 1b. Where did you see Dr. Akoda? | Prince George's Hospital Center |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2016 |
| 1d. About how many times did you see him? | One time |
| 1e. What types of visits did you have with him? (Check all that apply) | Surgery |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Always |
| 3d. Did she stay throughout the examination? | Always |
| 3e. Was she standing in a place where she could see the pelvic examination? | I don't know or remember |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |

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|--|--|
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | No |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | No |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | No |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | No |

| | |
|--|---|
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | No |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | No |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | No |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has not affected my use of medical care. |

| | |
|---|---|
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | It has not affected other parts of my life. |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 08 |
| YY | 79 |
| 9b. Your marital status | married or in long-term relationship |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Private insurance |
| Last Update | 2019-09-13 11:05:33 |
| Start Time | 2019-09-13 10:52:56 |
| Finish Time | 2019-09-13 11:05:33 |
| IP | 71.163.126.95 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11126381 |
| Status | Complete |
| Login Username | markquonda.mathis@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | I don't remember |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | <ul style="list-style-type: none"> • Routine annual gynecological checkups • Visits for other medical care |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | He made sexual comments |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | Yes |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Negative (Dr. Akoda more rough, insensitive, longer exams, sexual talk and/or touch) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Never |
| 3d. Did she stay throughout the examination? | Never |
| 3e. Was she standing in a place where she could see the pelvic examination? | Never |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |

| | |
|---|--|
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | Yes |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | No |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | Yes |
| Yes (please indicate who you told. Check all that apply) | I told a family member |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | Shocked |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |

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|--|---|
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, before I learned of the charges against him. |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | No |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | No |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |

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| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | I have not experienced any of these symptoms |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • Other: • It affected the gender doctors I will go see |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 01 |
| YY | 90 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Private insurance |
| Last Update | 2019-09-19 16:46:26 |

| | |
|--------------------|---|
| Start Time | 2019-09-19 16:31:51 |
| Finish Time | 2019-09-19 16:46:26 |
| IP | 172.58.185.126 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11126448 |
| Status | Complete |
| Login Username | feldergamini75@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2014 |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Visits for other medical care |
| 2a. Did you trust Dr. Akoda? | No |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • It was just something about him • Other • He told me I'd better hurry to have a baby. It was the way he said it. It hurt my feelings. I cried in the car after I left the appointment. |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 4e. Did you ever consider changing doctors? | Yes |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | Betrayed |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, before I learned of the charges against him. |

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| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, both before and after I learned of the charges against him. |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | Yes, both in the past month and prior to the past month |
| 6j. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6k. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6l. Have you felt irritable or angry? | Yes, both in the past month and prior to the past month |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |

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| 6q. Do you have trouble making decisions? | Yes, only in the past month |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | Yes, both in the past month and prior to the past month |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | <ul style="list-style-type: none"> • Headache/dizziness • Fatigue or insomnia • Other: • I became severely anemic, low energy, hair loss, shortness of breathe, insomnia, pelvic pain, depression due to symptoms |
| 6u. How severe were your physical symptoms? | severe |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | No |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • Other: • I get a second opinion |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | <ul style="list-style-type: none"> • Other: • At that time, I was severely anemic, losing alot of blood during my cycles and Dr. Akoda refused to perform surgery to remove the fibroids. Therefore, I was always tired, in pain during menstrual cycle, had hair loss and disinterested in life |
| 7d. Has your experience with Dr. Akoda affected your work life? | Yes |
| 7e. In what way has your experience with Dr. Akoda affected your work life (Check all that apply)? | <ul style="list-style-type: none"> • I was not able to go to work for awhile • I quit my job • Other: • Due to the heavy bleeding, dizziness, low energy, fatigue and insomnia and the fact that I had to wear a white labcoat for work I had to quit |
| 7f. Did your experience with Dr. Akoda affect your social life? | Yes |

7g. In what way did your experience with Dr. Akoda affected your social life? (Check all that apply)

- I avoided certain types of social events.
- I was afraid of or avoided leaving home.
- I didnt want to bleed on the furniture or through my clothes

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| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 02 |
| YY | 72 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |

Statement:

My reason for visiting Dr. Akoda was to request [REDACTED]. He refused and wrote me a prescription. I returned 3 months later because my symptoms were worse. He refused again. I suffered for over another year until I could not any longer. But this time Dr. Chaudry was in the office. Dr. Chaudry agreed I needed surgery. The surgery was approved and Dr. Chaudry performed the surgery for me in "less than 30 days" from that visit.

I believe Dr. Akoda's judgement was incorrect and insensitive due to the nature of the symptoms and difficulties I repeatedly expressed to him I was experiencing on both visits.

His comment to me was both incorrect and insensitive. He told me I was getting to old to have a baby and I'd better hurry up. I cried when I left his office.

I suffered unnecessarily due to Dr. Akoda's misjudgement and insensitivity.

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|--------------------|---|
| Last Update | 2019-09-19 17:40:40 |
| Start Time | 2019-09-19 16:40:42 |
| Finish Time | 2019-09-19 17:40:40 |
| IP | 76.114.220.213 |
| Browser | Firefox |
| OS | Windows |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11116015 |
| Status | Complete |
| Login Username | tiffanygardner90@hotmail.com |
| 1a. How did you become Dr. Akoda's patient? | <ul style="list-style-type: none"> • Other: • My obgyn doctor was not available to deliver my baby |
| 1b. Where did you see Dr. Akoda? | Prince George's Hospital Center |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2015 |
| 1d. About how many times did you see him? | One time |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Negative (e.g., he was more rough, longer exams, sexual talk and/or touch) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Always |
| 3d. Did she stay throughout the examination? | Always |
| 3e. Was she standing in a place where she could see the pelvic examination? | I don't know or remember |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |

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|--|--|
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, more painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | I don't know or remember |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry • Betrayed |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |

| | |
|---|---|
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | No |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | Yes, both in the past month and prior to the past month |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, both in the past month and prior to the past month |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | I have not experienced any of these symptoms |

| | |
|--|--|
| 6u. How severe were your physical symptoms? | mild |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda? | Non-psychiatric medication |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has changed how often I visit an ob/gyn |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | Yes |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 06 |
| YY | 90 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |

Akoda Questionnaire

| | |
|---|---|
| Reference # | 11115083 |
| Status | Complete |
| Login Username | mariahmarie92@yahoo.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2013 |
| 1d. About how many times did you see him? | More than 5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • Other • Medical advice was questionable in retrospect during my prenatal care. |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | I don't know or remember |
| 3d. Did she stay throughout the examination? | I don't know or remember |
| 3e. Was she standing in a place where she could see the pelvic examination? | I don't know or remember |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | I don't know or remember |

| | |
|---|--|
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | I don't know or remember |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | No |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | No |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | No |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| No. (below, please indicate why you didn't tell anyone. Check all that apply) | Other |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | Betrayed |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I worry that he may have hurt my baby |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, only after I learned of the charges against him |

| | |
|--|---|
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | Yes, only after I learned of the charges against him |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | Yes |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | No |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | No |
| 6h. Is it hard for you to recall some aspects of what transpired? | Yes |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | Yes, both in the past month and prior to the past month |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |

| | |
|--|---|
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | Yes, both in the past month and prior to the past month |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | I have not experienced any of these symptoms |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has changed how often I visit an ob/gyn |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | I am concerned about my daughter going to an ob/gyn |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | Yes |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 08 |
| YY | 92 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | Biracial |

9e. When you were treated by Dr. Akoda, what type of health insurance did you have?

Medicaid

Statement:

In retrospect to being seen by akoda when I switched from my previous doctor at about six months pregnant. I had a ultrasound done for tremendous pain i was experiencing in my pelvic area . The ultrasound technician advised that i be put on bed rest for the remainder of my pregnancy because my cervix was already dilating . Akoda however advised against that and told me i would be fine resuming regular activities . Looking back i fear that his advice could have caused me to go into early labor had other events in my life caused me to not be working at that time ultimately allowing me to stay home anyway for the remainder of my pregnancy .

Last Update

2019-09-16 23:30:57

Start Time

2019-09-16 22:55:08

Finish Time

2019-09-16 23:30:57

IP

172.56.3.43

Browser

Safari

OS

Mobile

Referrer

https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11114329 |
| Status | Complete |
| Login Username | hazelleslie31@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | 2013 |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Routine annual gynecological checkups |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • He was rude • He made sexual comments • He hurt me • Pelvic exams were too long |
| 2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • He was rude • He made sexual comments • He hurt me • Pelvic exams were too long |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | Yes |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Negative (e.g., he was more rough, longer exams, sexual talk and/or touch) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Never |
| 3d. Did she stay throughout the examination? | Never |
| 3e. Was she standing in a place where she could see the pelvic examination? | Never |

| | |
|---|---|
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Always |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | Yes |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | I don't know or remember |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, more painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | Yes |
| Yes (please indicate who you told. Check all that apply) | <ul style="list-style-type: none"> • I told a nurse or other healthcare provider • I told an administrator • I told another doctor • I told a family member • I told a friend • I told someone else |
| 5a. How did you first learn that charges were made against Dr. Akoda? | Other: |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry • Betrayed • Sad • Other: |

| | |
|--|--|
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | <ul style="list-style-type: none"> • I feel that he betrayed my trust. • I think he may have hurt me physically • I think he performed unnecessary procedures on me |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, both before and after I learned of the charges against him. |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | Yes, both before and after I learned of the charges against him. |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | Yes |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, both before and after I learned of the charges against him. |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | Yes, both in the past month and prior to the past month |
| 6j. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6k. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6l. Have you felt irritable or angry? | Yes, both in the past month and prior to the past month |

| | |
|--|---|
| 6m. Have you had difficulty concentrating? | Yes, both in the past month and prior to the past month |
| 6n. Have you felt jumpy, overly alert, or easily startled? | Yes, both in the past month and prior to the past month |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | Yes, both in the past month and prior to the past month |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, both in the past month and prior to the past month |
| 6q. Do you have trouble making decisions? | Yes, both in the past month and prior to the past month |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | <ul style="list-style-type: none"> • Headache/dizziness • High blood pressure • Abdominal pain, nausea, reflux, ulcers, constipation • Fatigue or insomnia • Weight gain or weight loss • Numbness, loss of enjoyment in life, or loss of libido • Pain, trembling and/or nervous tics |
| 6u. How severe were your physical symptoms? | severe |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | Yes |
| 6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda? | <ul style="list-style-type: none"> • Therapy or counseling • Psychiatric medication |
| 6x. Please describe any psychiatric or medical diagnoses you have received that you believe are related to your experience with Dr. Akoda. | <ul style="list-style-type: none"> • Depression (Major Depressive Disorder) • Anxiety (Anxiety Disorder) • PTSD (Post Traumatic Stress Disorder) |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |

| | |
|--|--|
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • It has not affected my use of medical care. • It has changed how often I visit any doctor • It has changed how often I visit an ob/gyn • It has affected the types of medical specialists I will go to see • It has affected the medical choices or decisions I make |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | <ul style="list-style-type: none"> • It has not affected other parts of my life. • I am concerned about my daughter going to an ob/gyn |
| 7d. Has your experience with Dr. Akoda affected your work life? | Yes |
| 7e. In what way has your experience with Dr. Akoda affected your work life (Check all that apply)? | <ul style="list-style-type: none"> • I was not able to go to work for awhile • Other: |
| 7f. Did your experience with Dr. Akoda affect your social life? | Yes |
| 7g. In what way did your experience with Dr. Akoda affect your social life? (Check all that apply) | <ul style="list-style-type: none"> • I avoided certain types of social events. • I avoided certain neighborhoods and locations. • I was afraid of or avoided leaving home. |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 10 |
| YY | 44 |
| 9b. Your marital status | single |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |

Statement:

He is a demon doctor he let me go in shock while on the eximanation table while i went unconcious he had his han in me and then went up on me lying still unconcious he ripped the point of my cloterist wide open saying how that you have three children and still so neat. I told him that I was seperated from my husband for seveteen years and hoping for him to come back. He dr okada is a real. Deamon. Sign. Hazel. Leslie

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|--------------------|---|
| Last Update | 2019-09-17 10:09:58 |
| Start Time | 2019-09-17 08:45:23 |
| Finish Time | 2019-09-17 10:09:58 |
| IP | 172.58.184.171 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/res/formLoginReturn |

Akoda Questionnaire

| | |
|---|--|
| Reference # | 11111273 |
| Status | Complete |
| Login Username | trayeshia.raygie@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Walked into clinic |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • 2013 • 2014 |
| 1d. About how many times did you see him? | More than 5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Sometimes |
| 3d. Did she stay throughout the examination? | Sometimes |
| 3e. Was she standing in a place where she could see the pelvic examination? | Always |
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Sometimes |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | No |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |

| | |
|--|--|
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | No |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, less painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | No |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| 5a. How did you first learn that charges were made against Dr. Akoda? | <ul style="list-style-type: none"> • Other: • I had seen his face on the metro bus and then i looked up his name and founf out |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | Shocked |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, only after I learned of the charges against him |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | No |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | Yes, only after I learned of the charges against him |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | No |

| | |
|--|--|
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | Yes |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | No |
| 6p. Do you feel embarrassed, shame, or humiliated? | No |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | <ul style="list-style-type: none"> • Other: • No |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |

| | |
|---|--|
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | It has changed how often I visit an ob/gyn |
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | I am concerned about my daughter going to an ob/gyn |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 08 |
| YY | 91 |
| 9b. Your marital status | married or in long-term relationship |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |
| Statement: | I just really trusted him i was even looking for him when i got pregnant the second time in 2016 with my son i cant believe that he would be so careless with women and their babies thats very upsetting and it hurts what if something happen to me or my daughter how would someone explain that to me now i only go to women doctors or midwives i dont trust men doctors at all |

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|--------------------|---|
| Last Update | 2019-09-15 12:50:05 |
| Start Time | 2019-09-15 12:38:35 |
| Finish Time | 2019-09-15 12:50:05 |
| IP | 71.200.81.189 |
| Browser | Chrome |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/Nx0yfi/lbpxinjxt4/form_login.html |

Akoda Questionnaire

| | |
|---|---|
| Reference # | 11110182 |
| Status | Complete |
| Login Username | queenbritt85@gmail.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • 2014 • 2015 |
| 1d. About how many times did you see him? | 2-5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | <ul style="list-style-type: none"> • Routine annual gynecological checkups • Surgery |
| 2a. Did you trust Dr. Akoda? | No |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • It was just something about him • Pelvic exams were too long |
| 2c. If you answered no to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • It was just something about him • Pelvic exams were too long |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | Yes |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Negative (e.g., he was more rough, longer exams, sexual talk and/or touch) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Negative (Dr. Akoda more rough, insensitive, longer exams, sexual talk and/or touch) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Never |
| 3d. Did she stay throughout the examination? | Never |
| 3e. Was she standing in a place where she could see the pelvic examination? | Never |

| | |
|---|--|
| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Always |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | Yes |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | Yes |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | Yes, more painful |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | No |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | No |
| No. (below, please indicate why you didn't tell anyone. Check all that apply) | I didn't know what to do |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I heard about it on the radio |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry • Betrayed • Sad |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | <ul style="list-style-type: none"> • I feel that he betrayed my trust. • I think he may have hurt me physically • I think he performed unnecessary procedures on me |

| | |
|--|--|
| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, both before and after I learned of the charges against him. |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | Yes, both before and after I learned of the charges against him. |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | Yes |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, both before and after I learned of the charges against him. |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | Yes, both in the past month and prior to the past month |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | Yes, both in the past month and prior to the past month |
| 6j. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6k. Have you experienced less interest or pleasure with important activities? | Yes, both in the past month and prior to the past month |
| 6l. Have you felt irritable or angry? | Yes, both in the past month and prior to the past month |
| 6m. Have you had difficulty concentrating? | Yes, both in the past month and prior to the past month |
| 6n. Have you felt jumpy, overly alert, or easily startled? | Yes, both in the past month and prior to the past month |

| | |
|--|---|
| 6o. Do you have trouble sleeping or bad dreams or nightmares? | Yes, both in the past month and prior to the past month |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, both in the past month and prior to the past month |
| 6q. Do you have trouble making decisions? | Yes, both in the past month and prior to the past month |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | Yes, both in the past month and prior to the past month |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | <ul style="list-style-type: none"> • Headache/dizziness • Chest pain or shortness of breath • Abdominal pain, nausea, reflux, ulcers, constipation • Fatigue or insomnia • Weight gain or weight loss • Numbness, loss of enjoyment in life, or loss of libido • Pain, trembling and/or nervous tics |
| 6u. How severe were your physical symptoms? | severe |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | Yes |
| 6w. Please describe any treatment you received for symptoms arising from your experience with Dr. Akoda? | Psychiatric medication |
| 6x. Please describe any psychiatric or medical diagnoses you have received that you believe are related to your experience with Dr. Akoda. | <ul style="list-style-type: none"> • Depression (Major Depressive Disorder) • Anxiety (Anxiety Disorder) |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • Other: • I haven't seen a gynecologist in 3 years. |

| | |
|---|--|
| 7c. In what ways has your experience with Dr. Akoda affected other non-medical aspects of your life? (Check all that apply) | <ul style="list-style-type: none"> • It has affected my relationship with my spouse or partner. • It has affected my relationships with my children |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | Yes |
| 7g. In what way did your experience with Dr. Akoda affected your social life? (Check all that apply) | <ul style="list-style-type: none"> • I avoided friends, neighbors, and relatives. • I avoided certain types of social events. • I didn't return messages and phone calls. |
| 8a. Have you ever been threatened by somebody? | Yes |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |
| MM | 08 |
| YY | 85 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |

Akoda Questionnaire

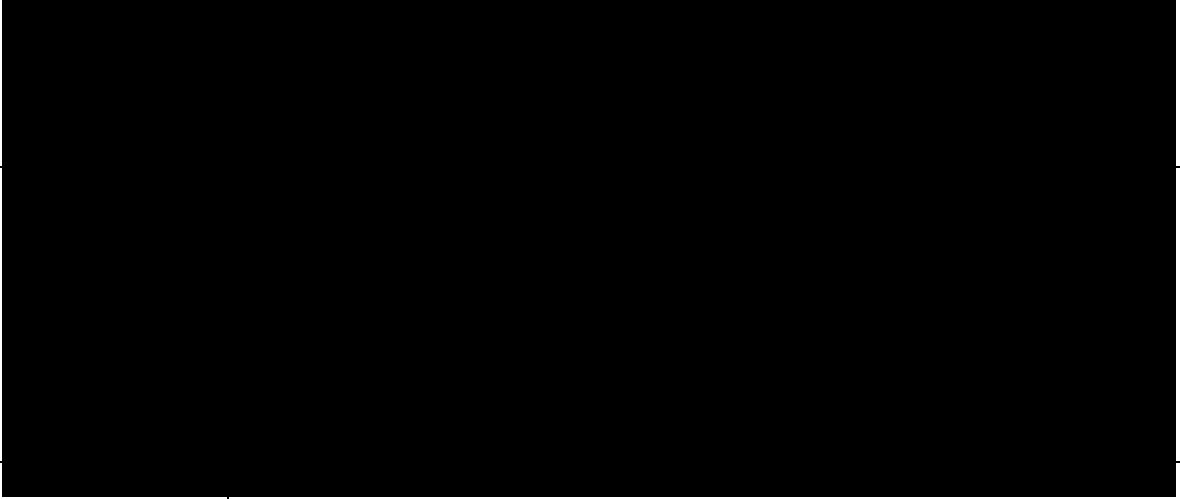

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| Reference # | 11107167 |
| Status | Complete |
| Login Username | toni_seegars10@yahoo.com |
| 1a. How did you become Dr. Akoda's patient? | Went to see other doctor in practice but saw Dr. Akoda instead. |
| 1b. Where did you see Dr. Akoda? | At the medical practice of Dr. A.G. Chaudry |
| 1c. During which of the following years did you see Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • 2013 • 2014 |
| 1d. About how many times did you see him? | More than 5 times |
| 1e. What types of visits did you have with him? (Check all that apply) | Prenatal, delivery, and postnatal obstetric visits |
| 2a. Did you trust Dr. Akoda? | Yes |
| 2b. If you answered yes to question 2a but at some point began not to trust him, what happened that changed? (Check all that apply) | <ul style="list-style-type: none"> • It was just something about him • He made sexual comments • Other • Not always was there a female nurse called in during examinations |
| 2d. Did you ever feel scared of or threatened by Dr. Akoda during your time in his 'care'? | No |
| 3a. How did Dr. Akoda's pelvic examination compare with other doctor's exams before or since you saw him? | Neutral (e.g., No difference) |
| 3b. How did his breast examination compare with other doctors' exams before/after you saw him? | Neutral (No difference) |
| 3c. Was there always a nurse or chaperone in the room during pelvic examinations? | Sometimes |
| 3d. Did she stay throughout the examination? | Always |
| 3e. Was she standing in a place where she could see the pelvic examination? | Always |

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| 3f. Did Dr. Akoda ever perform a pelvic exam without using gloves? | Never |
| 3g. Did Dr. Akoda ever touch you in a way that felt uncomfortable or wrong, beyond the usual discomfort of this kind of medical care? | Yes |
| 3h. Did you ever feel sexually aroused or have an orgasmic response to the examination? | No |
| 4a. Did you think that Dr. Akoda asked you to come in for check-ups more often than needed? | No |
| 4b. Did anything ever make you feel uncomfortable in the office during or after the exam? | Yes |
| 4c. Pelvic exams are never fun, but looking back, do you think his exams were more or less painful than other pelvic exams you've had with other doctors? | No |
| 4d. Did Dr. Akoda ever talk dirty or say anything at any time that you thought was in some way sexual or inappropriate? | Yes |
| 4e. Did you ever consider changing doctors? | Yes |
| 4f. Did you tell anyone about things he said or did that were inappropriate? | Yes |
| Yes (please indicate who you told. Check all that apply) | <ul style="list-style-type: none"> • I told a family member • I told a friend |
| 5a. How did you first learn that charges were made against Dr. Akoda? | I saw something about it on TV or the internet |
| 5b. How did you feel when you heard about the charges against Dr. Akoda? (Check all that apply) | <ul style="list-style-type: none"> • Shocked • Angry • Betrayed • Sad • Other: • Distraught, traumatized |
| 5c. If you are upset about what Dr. Akoda did, why? (Check all that apply) | I feel that he betrayed my trust. |

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| 6a. Did you experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes, only after I learned of the charges against him |
| 6b. Do you still experience emotional distress as a result of Dr. Akoda's conduct or as a result of learning that he might not be a licensed doctor or that his name and papers were not real? | Yes |
| 6c. Have you had any intense physical reactions when reminded of being treated by Dr. Akoda such as your heart beating faster, being short of breath, or being sweaty? | No |
| 6d. Do you still have intense physical reactions when reminded of being treated by Dr. Akoda? | Yes |
| 6e. Have you had any upsetting thoughts, memories or dreams of being treated by Dr. Akoda? | Yes, only after I learned of the charges against him |
| 6f. Do you still have upsetting thoughts, memories, or dreams of being treated by Dr. Akoda? | Yes |
| 6g. Have you tried to avoid thoughts or feelings about what happened to you with Dr. Akoda? | No |
| 6h. Is it hard for you to recall some aspects of what transpired? | No |
| 6i. Have you experienced mood changes or depression? | No |
| 6j. Have you experienced less interest or pleasure with important activities? | No |
| 6k. Have you experienced less interest or pleasure with important activities? | No |
| 6l. Have you felt irritable or angry? | No |
| 6m. Have you had difficulty concentrating? | No |
| 6n. Have you felt jumpy, overly alert, or easily startled? | No |

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| 6o. Do you have trouble sleeping or bad dreams or nightmares? | Yes, only in the past month |
| 6p. Do you feel embarrassed, shame, or humiliated? | Yes, both in the past month and prior to the past month |
| 6q. Do you have trouble making decisions? | No |
| 6r. Do you overuse drugs or alcohol? | No |
| 6s. Have you felt uncomfortable with your body or not cared for yourself as you should? | No |
| 6t. Have you experienced any of the physical symptoms listed below as a result of Dr. Akoda's conduct (Check all that apply)? | Fatigue or insomnia |
| 6u. How severe were your physical symptoms? | mild |
| 6v. Have you received any psychological, psychiatric, and/or other medical treatment for symptoms arising from your experience with Dr. Akoda? | No |
| 7a. Has your experience with Dr. Akoda affected your trust in doctors? | Yes, it has led me to not trust doctors |
| 7b. In what ways has your experience with Dr. Akoda affected your use of medical care? (Check all that apply) | <ul style="list-style-type: none"> • It has affected the medical choices or decisions I make • Other: • More aware and alert about doctors, practices |
| 7d. Has your experience with Dr. Akoda affected your work life? | No |
| 7f. Did your experience with Dr. Akoda affect your social life? | No |
| 8a. Have you ever been threatened by somebody? | No |
| 8b. Have you ever experienced or witnessed violence in your own home in years past? | No |
| 8c. Have you ever been forced to have sex or been threatened with violence if you didn't? | No |
| 8d. Have you ever been sexually abused in other ways? | No |

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| MM | 03 |
| YY | 88 |
| 9b. Your marital status | single |
| 9c. Is English your main language? | Yes |
| 9d. Your ethnicity | African-American |
| 9e. When you were treated by Dr. Akoda, what type of health insurance did you have? | Medicaid |
| Statement: | An issue I had with Dr. Akoda, was when I came in with a health concern, I told/showed him an reaction I was having. Without treating me first he assumed it was a specific STD so he then prescribed me medication on that visit. I immediately felt confused and angry with what he told me. I just listened because he was the doctor. When I returned for my prenatal visit he then stated that what he though I had, I in fact didn't have from testing results. Even though he prescribed me medication to take before knowing for sure. |
| Last Update | 2019-09-13 13:20:37 |
| Start Time | 2019-09-13 12:58:24 |
| Finish Time | 2019-09-13 13:20:37 |
| IP | 69.250.197.75 |
| Browser | Safari |
| OS | Mobile |
| Referrer | https://fs4.formsite.com/res/formLoginReturn |

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| 11118165 | <p>The night of the delivery, the nurses refused to help. Although I was contracting, she was trying to get me discharged. She disconnected the pull string in my room because she said she wasnt going to keep coming. I delivered my son on the toilet by myself at the hospital because no one would help. My boyfriend started yelling that I was having the baby. After I pulled/caught my son coming out of me, Dr Akoda leisurely walked around the corner and said looks like you had a baby, you made my job easy tonight, good job.....I delivered my own child, I did his job for him. Ad I proceeded to curse him out, I asked to see the nurse who was trying to discharge me. I delivered my son 6 hours after arriving to the hospital.</p> |
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